

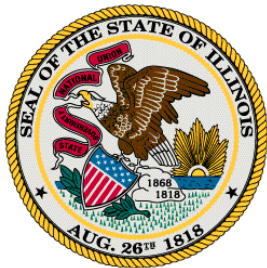
## Rate Adjustment Fund Checklist

Before you mail back the affidavit please review this checklist. You must be able to answer yes to each of the items below in order for your Rate Adjustment Payment to be provided.

- ☐ I have completed the Affidavit including an explanation if your benefit amounts do not match the amount provided in the letter.
- ☐ My Affidavit is signed before a Notary Public (Stamped and Signed by Notary Public) (Note: Notarization requires two pieces of identification with one showing your current address.)
- ☐ I have included a copy of my most recent benefit check or notice of direct deposit from the employer or employer's insurance company. (Note: This check should NOT read "RAF MONTHLY PAYMENT" from the State of Illinois.)

### My envelope is addressed to:

- ☐ Rate Adjustment Fund  
Attn: RAF Administration  
Illinois Workers' Compensation Commission  
100 W. Randolph, Suite 8-200  
Chicago, IL 60601



# Illinois Workers' Compensation Commission

Illinois Workers' Compensation Commission  
100 W. Randolph, Suite 8-200  
Chicago, IL 60601  
312-814-6500

*Pat Quinn, Governor*

*Michael Latz, Chairman*

05/01/2013

Case Number: \_\_\_\_\_

Dear:

Our records indicate that you are currently receiving permanent total disability benefits under the Workers' Compensation Act. You may also be entitled to cost-of-living payments by the Rate Adjustment Fund (RAF).

You are only eligible if:

1. You currently receive permanent total disability benefits under the Workers' Compensation Act; and
2. July 15, 2013 will be the second July 15th to occur since the date of your final award; and
3. You have not settled your case for a lump sum payment.

If you believe you are eligible for RAF payments based on the above statements, you must take the following steps to receive RAF payments:

1. Complete the enclosed affidavit.
2. Have the enclosed affidavit notarized by a Notary Public. In order to have the affidavit notarized, you must sign the affidavit form in front of a Notary Public and have the Notary complete the bottom portion of the affidavit. You must also present the Notary Public with two pieces of identification, one of which shows your present address.
3. Provide a copy of your most recent workers' compensation benefit check or notice of direct deposit.
4. Mail the notarized affidavit and the copy of your most recent workers' compensation benefit check or copy of current notice of deposit to the following address:

**Rate Adjustment Fund  
Attn: RAF Administration  
Illinois Workers' Compensation Commission  
100 W. Randolph, Suite 8-200  
Chicago, IL 60601**

THESE DOCUMENTS MUST BE RECEIVED BY MAY 29, 2013. Once the Commission receives these documents, the Commission will determine whether you are eligible to receive RAF payments under the Workers' Compensation Act.

For information about RAF benefit eligibility, please call at (312) 814-1306. For questions about RAF payments, please email Robert Kern, RAF Coordinator, at Robert.Kern@illinois.gov or call at (312) 814-1647.

Sincerely,

A handwritten signature in black ink, appearing to read "Dennie Zankel".

Dennie Zankel, Deputy General Counsel

**ILLINOIS WORKERS' COMPENSATION COMMISSION  
AFFIDAVIT FOR RATE ADJUSTMENT FUND PAYMENTS  
PERMANENT TOTAL DISABILITY CASE**

**Fiscal Year 2014**

Case Number: \_\_\_\_\_

I, \_\_\_\_\_ being duly sworn on oath, depose and state:  
Name of payee

1. I am the person determined to be eligible for workers' compensation permanent total disability benefits in this case.

2. I continue to be eligible and to receive benefits for this case, and I have enclosed a copy of my most recent benefit check or current notice of deposit. My award provided that my employer pays a \$ \_\_\_\_\_ weekly benefit. My benefit check amount is different from the weekly benefit amount listed above, because:  
\_\_\_\_\_  
\_\_\_\_\_

3. My legal address (where I can receive notices) and personal information are as follows:

Address \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, Zip Code)

Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of birth \_\_\_\_\_

4. I have not entered into any lump sum or structured settlement contract involving this workers' compensation case.  
*(If you have signed a settlement contract for this case, please send us a copy. If you do not have a copy, please tell us your lawyer's contact information so we can obtain a copy.)*

5. I am aware that any person who willfully signs this affidavit containing false or inaccurate information shall be guilty of perjury and/or fraud, and subject to punishment as prescribed by law.

\_\_\_\_\_  
Signature of payee

**Reminder: Attach a copy of your most recent  
Benefit check from the employer/insurer or notice  
of deposit for direct deposit benefits.**

Signed and sworn to before me on \_\_\_\_\_

\_\_\_\_\_  
Notary Public